CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

2010 HAR FT - BM 6: 08

Please type or print in ink. DAYTIME TELEPHONE NUMBER NAME (LAST) (FIRST) (MIDDLE) Hall, III Isadore MAILING ADDRESS STREET CITY STATE ZIP CODE OPTIONAL: E-MAIL ADDRESS (Business Address Acceptable)

1. Office, Agency, or Court	4. Schedule Summary
Name of Office, Agency, or Court:	► Total number of pages
California State Assembly	including this cover page:
Division, Board, District, if applicable:	➤ Check applicable schedules or "No reportable interests."
Your Position:	I have disclosed interests on one or more of the attached schedules:
Assemblymember ► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)	Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)
Agency:	Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership)
Position:	Schedule B
2. Jurisdiction of Office (Check at least one box)	Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
	Cabadda D. Was sabadda abadad
County of	Schedule D 🔀 Yes – schedule attached Income – Gifts
City of	Schedule E Yes – schedule attached Income – Gifts – Travel Payments
☐ Multi-County	-Or-
3. Type of Statement (Check at least one box)	No reportable interests on any schedule
Assuming Office/Initial Date:/	5. Verification
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best
O The period covered is/, through December 31, 2009.	of my knowledge the information contained herein and in any attached schedules is true and complete.
Leaving Office Date Left:/(Check one)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
O The period covered is January 1, 2009, through the date of leaving office.	Date Signed February 28, 2010
O The period covered is/, through the date of leaving office.	out filing official.)
Candidate Election Year:	A south ming distance,

FPPC Form 700 (2009/2010) FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF SOURCE		► NAME OF SOUR		
Bass for Assembly		California De	emocratic Party	7
AOORESS (Business Address Accepta	ble)	AOORESS (Busin	ess Address Accepta	able)
BUSINESS ACTIVITY, IF ANY, OF SOU	JRCE	BUSINESS ACTIV	ITY, IF ANY, OF SO	URCE
OATE (mm/dd/yy) VALUE	OESCRIPTION OF GIFT(S)	OATE (mm/dd/yy)	VALUE	OESCRIPTION OF GIFT(S)
1 , 08 , 09 s 72.51	Jacket	1 , 08 , 09	\$73.27	Dinner
1 /8/9 / 09 s 11.95	Breakfast & Lunch		\$	
<u>1 , 26 , 09</u> _{\$} 59.55	Freshman Dinner		. \$	******
► NAME OF SOURCE		► NAME OF SOUR	CE	
Ron Chatman & Staff of St.	Timothy's Church & Scho	California Tri	bal Business A	Illiance
ADORESS (Business Address Acceptate	ble)	AOORESS (Busine	ess Address Accepta	ble)
1020 12th St., Suite 110, Sa	cramento, CA 95814	1530 J Stree	t, Suite 250	
BUSINESS ACTIVITY, IF ANY, OF SOL		BUSINESS ACTIV	ITY, IF ANY, OF SOL	JRCE
		Sacramento,	CA 95814	
DATE (mm/dd/yy) VALUE	OESCRIPTION OF GIFT(S)	OATE (mm/dd/yy)		OESCRIPTION OF GIFT(S)
<u>1 , 09 , 09</u> s <u>164.00</u>	Edible arrangement	1 , 14 , 09	s <u>88.77</u>	Back to Session Bash
			\$	
\$			\$	
NAME OF SOURCE		► NAME OF SOURCE	Ε	
Senator Mark DeSaulner		Natural Reso	urce & Environ	mental Entities
AOORESS (Business Address Acceptab	le)	AOORESS (Busine	ss Address Acceptat	ole)
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVI	TY, IF ANY, OF SOL	IRCE
OATE (mm/dd/yy) VALUE	OESCRIPTION OF GIFT(S)	OATE (mm/dd/yy)	VALUE	OESCRIPTION OF GIFT(S)
1 , 16 , 09 _{\$} 16.00	Bottle of Tamayo Wine	1 , 28 , 09	s86.54	Reception
			\$	
	Vacant and the second s		\$	
Comments				
Comments:				

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

NAME OF SOURCE		► NAME OF SOURCE	E	
AES Pacific		Healthcare/L	ife Sciences Ei	ntities
ADDRESS (Business Address Acceptable	(e)	ADDRESS (Busine	ss Address Accepta	ble)
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVI	TY, IF ANY, OF SOL	JRCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 <u>/ 28 / 09</u> s 6.65	Welcome Reception	1 , 28 , 09	s216.88	Reception/Dinner
\$			\$	
		<u> </u>	\$	
NAME OF SOURCE	<u> </u>	► NAME OF SOURC	E	
California Association of Win	egrape Growers	Pfizer		
ADDRESS (Business Address Acceptable	е)	ADDRESS (Busine	ss Address Acceptat	ble)
BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE	BUSINESS ACTIVI	TY, IF ANY, OF SOL	JRCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 28 / 09</u> s 6.61	Welcome Reception	1 , 28 , 09	<u>\$ 16.68</u>	Biomed Rprt Event
			\$	
			\$	
NAME OF SOURCE		► NAME OF SOURCE		
Assemblymember Fiona Ma		PIFC-Michael	Gunning	
ADDRESS (Business Address Acceptable	9	ADDRESS (Busines	s Address Acceptab	ile)
BUSINESS ACTIVITY, IF ANY, OF SOUR	CE	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 3 / 09</u> s <u>20.00</u>	Ox Piggy Bank	2 , 3 , 09	s9.82	Drinks
			\$	
s	Vancous (1997)		\$	
Comments:				

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

NAME OF SOURCE		► NAME OF SOURCE	E	
Check Into Cash, Inc.		Pacific Gas 8	Electric	
ADDRESS (Business Address Acceptable	e)	ADDRESS (Busine	ss Address Accepta	ble)
		1415 L Street	, Suite 260	
BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE	II	TY, IF ANY, OF SOL	JRCE
		Sacramento,	CA 95814	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S)
22 <u>/</u> 23 <u>/</u> 09 <u>\$</u> 35.87	Dinner	3 , 2 , 09	s45.19	Dinner
\$			\$	
\$			\$	
NAME OF SOURCE		► NAME OF SOURC	E	
CA Highway Patrol		California Pou	ıltry Federatior	<u>1</u>
ADDRESS (Business Address Acceptable	2)	ADDRESS (Busines	ss Address Acceptat	ole)
BUSINESS ACTIVITY, IF ANY, OF SOUR	CCE	BUSINESS ACTIVIT	Y, IF ANY, OF SOL	IRCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 2 / 09 \$ 23.00	Mug,pen,keychain, etc	3 , 3 , 09	s <u>192.14</u>	Dinner & Bus transp.
			\$	
			\$	
NAME OF SOURCE		► NAME OF SOURCE	-	
California Rice Commission		California Citr	us Mutual	
ADDRESS (Business Address Acceptable)	ADDRESS (Busines	s Address Acceptab	ele)
BUSINESS ACTIVITY, IF ANY, OF SOUR	CE	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 , 10 , 09	Gift Box	3 , 16 , 09	s5.50	1-Carton of Oranges
		3 , 17 , 09	s10.00	1-Box of Oranges
// s			\$	
_				
Comments:				

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

► NAME OF SOURCE		► NAME OF SOURCE			
CA New Car Dealers Asso	ci ation	California Floral Ir	ndustry		
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVITY, IF ANY, OF SO	PURCE	BUSINESS ACTIVITY, IF	ANY, OF SOU	RCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VAL	.UE	DESCRIPTION OF GIFT(S)	
3 / 24 / 09 s 36.82	Reception	3,24,09 s_	20.00	Bouquet of Flowers	
\$.			
\$		\$	······································		
NAME OF SOURCE		► NAME OF SOURCE			
Western Growers		CA Women for Ag	riculture		
ADDRESS (Business Address Accepta	ble)	ADDRESS (Business Add	ress Acceptabl	(e)	
BUSINESS ACTIVITY, IF ANY, OF SO	URCE	BUSINESS ACTIVITY, IF	ANY, OF SOUR	RCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VAL	UE	DESCRIPTION OF GIFT(S)	
<u>3 , 24 , 09</u> _s <u>5.00</u>	Fresh produce	<u>3 , 24 , 09</u> s	5.00	Bx wholesale oranges	
\$		\$\$			
NAME OF SOURCE		► NAME OF SOURCE			
CA Hospital Association		MomsRising Org.		······································	
ADDRESS (Business Address Acceptain		ADDRESS (Business Addr	ess Acceptable	e)	
1215 K Street, Suite 800, Si BUSINESS ACTIVITY, IF ANY, OF SOL		BUSINESS ACTIVITY, IF A	NY, OF SOUR	RCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALL	JE	DESCRIPTION OF GIFT(S)	
3 / 31 / 09 s 145.00	LA Kings Tickets	3 , 31 , 09 s_	2.00	Bag of candy	
		ss	***************************************		
		\$s	AAAAAAAAAAAAAAAA		
Comments:					

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

► NAME OF SOURCE	► NAME OF SOURCE
CA Building Industry Association	Chabad of Sacramento
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1200, Sacramento, CA 9581	4
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
4 / 15 / 09 s 33.07 Reception	4 / 24 / 09 s 4.00 Box of Matzos
4 , 15 , 09 s 93.75 Dinner	
\$	
▶ NAME OF SOURCE	► NAME OF SOURCE
TechAmerica	Fight Crime: Invest in Kids
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
5 / 13 / 09 s 10.00 Chocolate compute	r 5 , 28 , 09 s 50.00 Plaque
\$	\$\$
NAME OF SOURCE	► NAME OF SOURCE
Chukchansi Economic Development Authority	AT&T, Inc. & affiliates
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
46575 Road 417, Bldg. C, Coarsegold, CA 93614	1215 K Street, Suite 1800, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
7 <u>/ 28 / 09</u> s <u>184.50</u> <u>Meal & Hotel accom</u>	6 7 09 s 330.69 1-Lakers Tckt/Refrshm
\$	
\$	s
Comments:	

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

► NAME OF SOURCE	▶ NAME OF SOURCE
Metropolitan Water District	Consumer Attorneys of California
ADORESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
700 N. Alameda St., Los Angeles, CA 90012	770 L Street, Suite 1200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
8 7 09 s 147.63 Water Inspection Trip	8 18 09 s 91.75 Dinner
	\$
NAME OF SOURCE	► NAME OF SOURCE
CA Beer & Beverage Distributors	CA Coalition for Youth
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1415 L Street, Suite 890, Sacramento, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
8 21 09 s 295.07 Lunch	10 , 30 , 09 s 5.00 Coffee mug, light bulb
	\$
	\$
NAME DF SOURCE	► NAME OF SOURCE
Abbott Laboratories	Southern California Edison
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1127 11th St., Suite 550, Sacramento, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
11 <u>11 09</u> s 36.20 Meal	12 , 17 , 09 _s 16.50 Holiday ornament
11 <u>16 09</u> s 135.06 Meal	\$
\$	s
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

	ORNIA FORM	
Name		
	Isadore Hall I	H

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

	▶ NAME OF SOURCE
NAME OF SOURCE	NAME OF SOURCE
California Independent Voter Project	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2350 Kerner Blvd., Suite 250	CITY AND STATE
CITY AND STATE	CITY AND STATE
San Rafael, CA 94901	BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 11 / 15 / 09 . 11 / 19 / 09 AMT: \$ 501.20	DATE(S):
TYPE OF PAYMENT: (must check one) 🔀 Gift 🗌 Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: AirFare to Hawaii for Business & Leadership Conference	DESCRIPTION:
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/ AMT: S	DATE(S):
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	

RECEIVED FAIR POLITICAL PRACTICES COMMISSION

Comments: __

RECEIVE SCHEDULE D

MAR 1 8 2010

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

10 MAR 23 AM 9: 17 Income - Gifts

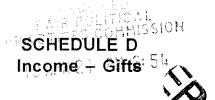
BY:

NAME OF SOURCE	► NAME OF SOURCE
Cigar Association of America	California Construction Industrial Materials Associatio
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tobacco	Manufacturing
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
6 / 17 / 09 s 100.00 Dinner	1 28 09 \$ 87.00 Dinner & Reception
6 , 17 , 09 s 60.00 Cigar Caucus	\$
	<u> </u>
NAME OF SOURCE	► NAME OF SOURCE
California Assoc of Wine Grape Growers	CA Council for Environment & Economic Balance
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Beer & Wine	Environment
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1 / 28 / 09 _{\$} 87.00 Dinner	1 , 28 , 09 _{\$} 57.00 Dinner
	\$
	\$
NAME OF SOURCE	Verification
	Print Name Isadore Hall, III
ADDRESS (Business Address Acceptable)	Office, Agency California State Assembly
BUSINESS ACTIVITY, IF ANY, OF SOURCE	or Court Camorria State Assembly
	Statement Type
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	I have used all reasonable diligence in preparing this statement. I have
s	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and porrect.
	Date Signed March 12, 2010
	Signature 7
	7000

RECEIVED

APR 20 2010



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

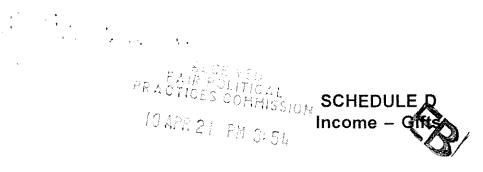


► NAME OF SOURCE		► NAI	ME OF SOURC	Æ			
Fight Crime: Invest in Kids			AT&T, Inc. & Affiliates				
ADDRESS (Business Address Acceptable)		ADD	ADDRESS (Business Address Acceptable)				
211 Sutter St., Ste 401, San Francisco, CA 94108		12	15 K Street	, Suite 1800, S	acramento, CA	95814	ļ
BUSINESS ACTIVITY, IF ANY, OF SOUR	₹CE	BUS	NESS ACTIVIT	Y, IF ANY, OF SOUR	RCE		
Anti-Crime advocates		Pul	olic utility				
DATÉ (mm/dd/yy) VALUÉ	DESCRIPTION OF GIFT(S)	1	(mm/dd/yy)	VALUE	DESCRIPTION OF	GIFT(S)	
5 28 09 \$ 50.00	Plaque	6	<u>7</u> <u>09</u>	\$ 330.69	LA Lakers Ti	ckets/R	Refr
			<i>J</i>	\$			
			<i>J</i>	\$			
NAME OF SOURCE		► NAN	E OF SOURC	É			
Metropolitan Water District		Col	nsumer Att	orneys of Califo	omia		
ADDRESS (Business Address Acceptable	9)	ADD	RESS (Busines	s Address Acceptable	e)		
700 N. Alameda St., Los Ang	eles, CA 90012	770	L Street,	Ste 1200, Sac	ramento, CA 9	5814	
BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE	BUSI	NESS ACTIVIT	Y, IF ANY, OF SOUP	RCE		
Public Utility		Lot	byist				13.3
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE	(nan/dd/yy)	VALUE	DESCRIPTION OF		T.# (") ""
8 7 09 \$ 147.63	Water Inspection trip	88_	<u> 18 </u>	\$91.75	Dinner	-	11- 550
\$			//	\$	apara de la constitución de la c	 [2-3	
			<i>JJ</i>	\$		- CJ	
NAME OF SOURCE		Verif	ication		100		
California Beer & Beverage D	istributors	. 774.52	_{ame} Isado	re Hall, III		- <u> </u>	Ç
ADDRESS (Business Address Acceptable)	1 1					
1415 L Street, Ste 890, Sacra	amento, CA 95814	Office, or Cou	Agency rt Cal	lifornia State As	ssembly		I
BUSINESS ACTIVITY, IF ANY, OF SOUR	CE						
Beer & Wine		Statem		∑ 2009/2010 Anni ☐ Annual	ual Assuming Candidate		VIII
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	l bassa .		• •			
8 <u>, 21 , 09</u> _s <u>295.07</u>	Luncheon	reviewe	d this stateme	nable diligence in p ent and to the best of I in any attached s	of my knowledge th	e informa	ation
	Quantity of the second			alty of perjury un foregoing is true	and correct.	the Stat	e of
\$		Date Si		A ADAY	13, 2018		

Comments: NOTE: This amends 700 filing Schedule D dated 2/28/10, to add type and/or address for businesses

FPPC Form 700 Amendment (2009/2010) Sch. D FPPC Toll-Free Helpline: 866/ASK-FPPC

Page 1 of 1

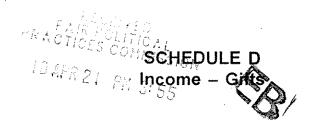


► NAME OF SOURCE	NAME OF SOURCE			
California Coalition for Youth	Abbott Laboratories			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
P. O. Box 161448, Sacramento, CA 95814	1127 11th St., Suite 550, Sacramento, CA 95814			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Youth advocates	Pharmaceuticals			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
10 / 30 / 09 s 5.00 Coffee mug, light bulb	11 / 11 / 09 s 36.20 Meal			
<u></u>	11 / 16 / 09 s 135.06 Meal			
	\$			
NAME OF SOURCE	NAME OF SOURCE			
Southern California Edison	Chukchansi Economic Development Authority			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
2244 Walnut Grove Ave., Rosemead, CA 91770	46575 Road 417, Bldg. C, Coarsegold, CA 93614			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Public Utility	Indian Affairs/Gaming			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
12 / 17 / 09 s 16.50 Holiday ornament	7 , 28 , 09			
\$	\$			
	\$			
NAME OF SOURCE	Verification			
California Women for Agriculture	Print Name Isadore Hall, III			
ADDRESS (Business Address Acceptable)	§ 1			
P.O. Box 249, Durham, CA 95938	Office, Agency or Court California State Assembly			
BUSINESS ACTIVITY, IF ANY, OF SOURCE				
Agriculture advocates	Statement Type 2009/2010 Annual Assuming Leaving Candidate			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	I have used all reasonable diligence in preparing this statement. I have			
3 24 09	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.			
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
	Date Signed April 3, 2010			
	Signatur			
	//			

Comments: NOTE: This amends 700 filing, Schedule D filing dated 2/28/10, to add type of business and/or address

FPPC Form 700 Amendment (2009/2010) Sch. D FPPC Toll-Free Helpline: 866/ASK-FPPC

Page 2 97



	1
► NAME OF SOURCE	NAME OF SOURCE
AES Pacific	Pfizer
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
690 N. Studebaker Rd., L.B., CA 90803	1201 K Street, Ste 1010, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Electrical power	Pharmaceutical
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1 , 28 , 09	1 , 28 , 09 s 16.68 Biomed Report Event
	\$
\$	\$
NAME OF SOURCE	NAME OF SOURCE
PIFC-Michael Gunning	Check Into Cash, Inc.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1201 K Street, Ste 1220, Sacramento, CA 95814	515 King St., Ste 300, Alexandria, VA 22314
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist	Check cashing
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
2 , 3 , 09	2', 23 , 09 s 35.87 Dinner
/\$	
► NAME OF SOURCE	Verification
MomsRising.Org	Print Name Isadore Hall, III
ADDRESS (Business Address Acceptable)	1
12011 Belred Rd., Ste 100, Belview, WA 98005	Office, Agency or Court California State Assembly
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Statement Type 🔀 2009/2010 Annual 🗌 Assuming 🗍 Leaving
Family advocates	Annual Candidate
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	I have used all reasonable diligence in preparing this statement. I have
3 / 31 / 09 s 2.00 Bag of candy	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
\$	I certify under penalty of perjury under the laws of the State of California that the foregoint is true and correct.
	Date Signed
	Signature
	Signature

Comments: NOTE: This amends 700 filling dated 2/28/10, to add type of business and/or business addresses.

FPPC Form 700 Amendment (2009/2010) Sch. D FPPC Toll-Free Helpline: 866/ASK-FPPC

Page 3 & 7

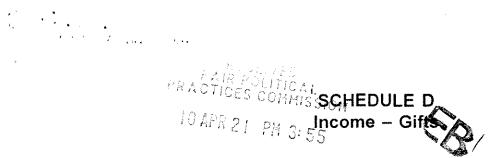


► NAME OF SOURCE	NAME OF SOURCE
Healthcare/Life Sciences Entities	California Association of Winegrape Growers
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1020 Prospect St., Suite 310, LaJolla, CA 92037	1325 J Street, Suite 1560, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health	Beer & Wine
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1 , 28 , 09	1 28 09 s 6.61 Welcome Reception
	4-, 28-, 00 s 87.00 Direct
	\$
► NAME OF SOURCE	► NAME OF SOURCE
AssemblyMember Fiona Ma	Pacific Gas & Electric
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
State Capitol, Rm 3091, Sacramento, CA 95814	1415 L Street, Suite 260, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislator	Power/Electricity
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
2 / 3 / 09 _{\$} 20.00 Ox Piggy Bank	3 , 2 , 09 _{\$} 45.19 <u>Dinner</u>
\$	\$
► NAME OF SOURCE	Verification
CA Highway Patrol	Print Name Isadore Hall, III
ADDRESS (Business Address Acceptable)	ł /
601 N. 7th St., Sacramento, CA 95811	Office, Agency or Court California State Assembly
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Statement Type 💢 2009/2010 Annual 🗍 Assuming 🗍 Leaving
Law Enforcement	Annual Candidate
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	•
3 2 09 s 23.00 Mug,pen,keychair	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	Date Signed April 13,2010 month, day, year
	Signature

Comments: NOTE: This amends 700 Filing dated 2/28/10, to add type of business and/or business addresses

FPPC Form 700 Amendment (2009/2010) Sch. D FPPC Toll-Free Helpline: 866/ASK-FPPC

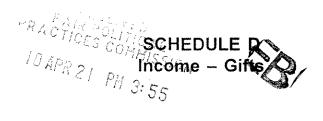
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NAME OF SOURCE	NAME OF SOURCE
Karen Bass For Assembly	California Democratic Party
AODRESS (Business Address Acceptable)	AODRESS (Business Address Acceptable)
777 S. Figueroa St., Suite 4050, L.A., CA 90017	1401 21st St., Suite 200, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political	Political
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1 08 09	
1 08 09 \$ 11.95 Breakfast & Lunch	- /
1 _ 26 _ 09	_
NAME OF SOURCE	► NAME OF SOURCE
Ron Chatman , St. Timothy's Church & School	California tribal Business Alliance
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1020 12th St., Suite 110, Sacramento, CA 95814	1530 "J" Street, Suite 250, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Religious	Indian Affairs/Gaming
OATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1 , 09 , 09 s 164.00 Edible Arrangement	1 , 14 , 09 s 88.77 Back to session Bash
	- \$
► NAME OF SOURCE	Verification
Senator Mark DeSaulner	Print Name Isadore Hall, III
AOORESS (Business Address Acceptable)	1 1
State Capitol, Room 2054, Sacramento, CA 94248	Office, Agency or Court California State Assembly
BUSINESS ACTIVITY, IF ANY, OF SOURCE	_
Legislator	Statement Type 2009/2010 Annual Assuming Leaving Candidate
DATE (mm/dd/yy) VALUE OESCRIPTION OF GIFT(S)	11
1 / 16 / 09 s 16.00 Bottle of Tamayo Wine	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
\$	Date Signed April 13, 2010 (month, day, year)
	Signature

Comments: This Amends 700 Filing dated 2/28/10; adding type of business and/or business address only!

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► NAME OF SOURCE	NAME OF SOURCE
California Poultry Federation	California Rice Commission
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
4640 Spyres Way, Ste 4, Modesto, CA 95356	475 N. Palora Ave., Yuba City, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture	Agriculture
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
3 3 09 s 192.14 Dinner & Bus transp.	3 10 09 s 30.77 Gift Box
	\$
	\$
NAME OF SOURCE	► NAME OF SOURCE
California Citrus Mutual	CA New Car Dealers Association
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
512 N. Kaweah Ave., Exeter, CA 93221	1415 L Street, Ste 70, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Citrus Growers	Retail/Sales
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(\$)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
3 16 09 s 5.50 Carton of oranges	3 24 09 s 36.82 Reception
3 17 09 s 10.00 Box of oranges	\$
► NAME OF SOURCE	Verification
California Floral Industry	Print Name Isadore Hall, III
ADDRESS (Business Address Acceptable)	l i
1521 I Street, Sacramento, CA 95814	Office, Agency Or Court California State Assembly
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Agriculture	Statement Type 2009/2010 Annual Assuming Leaving Annual Candidate
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	7.
3 / 24 / 09 s 20.00 Bouquet of flowers	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	Date Signed April 13, 2010 (month, day, year)
	Signature

Comments: NOTE: This amends 700 filing dated 2/28/10, to add type of business and/or addresses



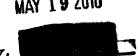
NAME OF SOURCE		► NAME OF SOURCE
Western Growers		California Hospital Association
ADDRESS (Business Address Acceptate	ole)	ADDRESS (Business Address Acceptable)
1729 Tully Rd., Ste #1, Modesto, CA 95350		1215 K Street, Ste 800, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOL	JRCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture		Health
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE OESCRIPTION OF GIFT(S)
3 / 24 / 09 \$ 5.00	Fresh produce	3 , 31 , 09 s 145.00 LA Kings Tickets
		
		- J s
► NAME OF SOURCE		► NAME OF SDURCE
California Building Industry A	Association	Chabad of Sacramento
ADDRESS (Business Address Acceptab	ie)	ADDRESS (Business Address Acceptable)
1215 K Street, Ste 1200, Sa	cramento, CA 95814	945 Evelyn Lane, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate		Religious
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
4 <u>15 09</u> <u>\$ 126.82</u>	Reception & Dinner	4 , 24 , 09 s 4.00 Box of Matzos
7 / 28 / 09 \$ 184.50	Meal & Hotel accom.	\$
s		s
► NAME OF SOURCE		Verification
TechAmerica		Print Name Isadore Hall, III
ADDRESS (Business Address Acceptable	(e)	
1215 K Street, Ste 2140, Sac	cramento, CA 95814	Office, Agency or Court California State Assembly
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	
Technology		Statement Type 2009/2010 Annual Assuming Leaving Candidate
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	*
5 / 13 / 09 \$ 10.00	Chocolate computer	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
\$		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
\$		Date Signed April 13,2010 (month, day, year)
		Signature

Comments: NOTE: Thos amends 700 filling dated 2/28/10, to add type of business and/or business addresses.

FPPC Form 700 Amendment (2009/2010) Sch. D FPPC Toll-Free Helpline: 866/ASK-FPPC

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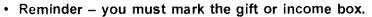
MAY 19 2010



SCHEDULE E Income - Gifts Travel Payments Advances, 13 and Reimbursements

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT



 You are not required to report income from government a 	•	'nment adencie	35.
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➤ NAME OF SOURCE	NAME OF SOURCE
California Independent Voter Project	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2350 Kerner Blvd., Suite 250	
CITY AND STATE	CITY AND STATE
San Rafael, CA 94901	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 11 / 15 / 09 - 11 / 19 / 09 AMT: \$ 501.20	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one) X Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: Airfare to Hawaii for Business & Leadership Conference - participated as panelist at conference	DESCRIPTION:
NAME OF SOURCE	Verification
ADDRESS (Business Address Acceptable)	Print Name Isadore Hall, III
CITY AND STATE	or Court Assemblymember, District 52
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Statement Type
DATE(S):/ AMT: \$	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
(If applicable)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and/correct.
TYPE OF PAYMENT: (must check one) Gift Income	Date Signed / 5/13/46/0
DESCRIPTION:	Signatri
Comments: Amendment clarifies that gift of travel was in case 89503 and 89506, gift limits do not apply.	connection with a speech. Pursuant to Gov't Code sections